

At the Center

Committed to Quality Care & Courteous Service

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A Message From Pete Delgado, CEO

Great news for Los Angeles County Residents! The Accountable Care Act was upheld! This means that more than 2.2 million uninsured residents will be entitled to health insurance coverage beginning in 2014. Most of these patients currently use DHS facilities for all their healthcare needs now.

In 2014 many of our current patients will have a choice and I am optimistic we will be their provider of choice. We are well positioned to maintain our current relationship with our patients and attract new patients as well. We have already enrolled over 240,000 members in the Health Way Los Angeles (HWLA) Program DHS wide. We have all the major components necessary to become our patients' provider of choice; Comprehensive Health Care Centers in various geographic locations, all types of specialty care, a modern state of the art facility and world class faculty providing superior patient care and education from USC.

What we need from everyone is a commitment to improve our patient's experience at our facility. In addition, we need to decrease our waiting times and avoid duplication of effort with our current processes. We need to revitalize these processes with a vengeance.

Most importantly we need to put our patients at the center of our work. Having said that, our Customer Service Workgroup will be rolling out a campaign entitled "Here for you." The group has some great ideas and initiatives that I feel will help improve our patient's experience at the facility.

We will also initiate Unit Based Teams (UBT) to work on efficiencies and service improvements. If you are not assigned to a UBT yet, please ask your Network Executive how to participate. We need everyone's help.

Let's get engaged and help prepare our organization to be the provider of choice for our patients. Let's foster an environment in which we all support the initiatives that promise to fulfill our patients' needs now and in the future!



Affordable Care Act

By Carmen A. Puliafito, M.D., M.B.A.
Dean, Keck School of Medicine of USC

When the U.S. Supreme Court upheld the Affordable Care Act on June 28, 2012, it set into motion forces which will change American healthcare and academic medicine greatly over the next decade and beyond. In the next three years, an estimated 30 million Americans will have newly funded access to healthcare.



We can anticipate the following in our community and our nation: 1. an increased emphasis on access to primary care and preventive medicine; 2. increased demand for physician services, both in primary care and specialty; 3. a drive to control healthcare costs at every level; 4. the development of new quality measures which will be linked to healthcare reimbursement; 5. an emphasis on an integrated healthcare delivery environment, with linkages between physicians and hospitals along the entire continuum of care; 6. a dramatic increase in the numbers of federally qualified community health care centers; 7. increased competitive pressures on safety net providers and hospitals; and 8. greater funding for health outcomes research.

The Keck School of Medicine and our hospital partners such as LAC+USC Medical Center are well-position to succeed in this new environment. We have increased our medical school class size - from 168 to 186 over the past three years - and increased our focus on primary care and community-based training. LAC+USC is actively developing new primary care options for the patients it serves and redesigning a more robust ambulatory care system to meet the demands in this new era of healthcare.

"As we move into this new paradigm of health reform, ensuring a positive patient experience is one of our greatest priorities"

**-Dr. Stephanie Hall
Chief Medical Officer**

We are entering a new and exciting era for American medicine. I am confident that the faculty of the Keck School of Medicine will play an important role in making high quality healthcare accessible to many more Americans.

Chaplain Gianelli on Cigarettes: He lit 'em up, now he's putting 'em out!

By Fernando Bravo, MPH, CHES

Director, Community Relations

LAC+USC Medical Center went smoke free effective January 1, 2012. Here is how we are making headway in our efforts one less cigarette at a time!

Frederico Gianelli began smoking when he was 22 years old while he attended Catholic seminary school in Uruguay. When the LAC+USC Medical Center campus went smoke-free on Jan 1, 2012, so did Frederico!

Frederico is a Chaplain on the Palliative Care Team that smoked nearly a pack and a half of cigarettes a day before he stopped. Now—six months’ smoke-free—he found motivation to stop smoking through his role in spiritual care and his strong sensitivity for the patients in palliative care. Reflecting on his success over smoking, he credits the smoke free environment **At The Center** where he states, “I didn’t see smokers at work anymore.”

Despite gaining a small amount of weight, Frederico proudly acknowledges that a few pounds is nothing compared to the healthier lifestyle he is leading and demonstrating to others around him, especially his patients. **SMOKE-FREE IS THE WAY TO GO!**

Medi-Cal Reimbursement: A Major Innovation Saving Thou\$and\$\$

By Sixta Navarrete, R.N., MSN

Director, Utilization Review

The LAC+USC Medical Center is at the forefront of using new technology to more efficiently meet the State Department of Health Services’ requirements to review and approve days of care rendered to Medi-Cal patients. Currently, inpatient care for Medi-Cal recipients is authorized via the TAR (Treatment Authorization Request) process where on-site Medi-Cal staff reviews the clinical documentation in the patient’s record to determine authorization for payment.

The Medical Center will be the first public safety net hospital in Los Angeles County to go TAR (Treatment Authorization Request) Free by using InterQual Level of Care Criteria to adjudicate payment for inpatient hospital days. InterQual developed the first set of criteria for managing the care of inpatient hospitalizations in 1978.

**“Reduction in our denied days will save \$\$\$ for the Medical Center.”
-Mark Corbett
Interim CFO**

documentation. Critical elements used in this review process include the documentation of the patient’s clinical history, diagnostic findings and the on-going need for acute inpatient care. If the care is clinically indicated and requires an inpatient level of care, the Utilization Review nurse authorizes the day for payment. Any day that

To decrease Medi-Cal administrative costs, the MediCal on-site staff will no longer be assigned to the Medical Center. Using InterQual criteria as a guideline, the Medical Center’s Utilization Review nurses will review the clinical

Medi-Cal Reimbursement, Cont'd

does not meet the InterQual criteria will be referred to a physician advisor for secondary review and a determination of medical necessity.

At The Center staff is critical in the successful implementation of this system. The staff must be efficient in providing care/services to avoid delays and must insure that the patient requires an inpatient level of care for the services provided. Delays in procedures or services that could be provided at an alternative lower level of care will result in denied days and unreimbursed care.

ACS Trauma Program

By Stephanie Hall, M.D.

Chief Medical Officer

ACS—the American College of Surgeons—conducted our Level I Trauma Verification Survey on July 25 and 26th **At The Center**. It is with great pleasure that I have the honor to share with the faculty and staff of the outstanding preliminary outcome of the survey.

The **ACS Verification Program** is designed to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of institutional capability and performance. These functions are accomplished by an on-site review of the hospital by a peer review team, experienced in the field of trauma care. The team assesses commitment, readiness, resources, policies, patient care, performance improvement, and other relevant features of the program. While the final report will not be available for about 12 weeks, the surveyors communicated their findings at the exit conference.

NO citations or deficiencies were reported by the ASC for the LAC+USC Trauma Program. We achieved an **outstanding** evaluation with **full certification**. They were exceedingly complementary and provided the following commendations: Overall Trauma program exemplary; Trauma research productivity exemplary; Trauma Division Chief, Dr. Demetriades, outstanding leader; Trauma Program Manager, Shot Nomoto, outstanding, PRQ superb; Trauma Critical Care exemplary- Dr. Inaba & Dr. Belzberg; and Multidisciplinary Collaboration among departments exemplary, specifically for the ED- Dr. Henderson, Pre-Hospital Care - Dr. Eckstein, Ortho & Neurosurgery- Dr's. Jackson Lee and Peter Gruen, Radiology, Excellent Injury Prevention- program based on priority registry data and administrative support by CMO, the CEO and all administrative leadership.



This survey confirms the outstanding quality of trauma services provided to our community and further establishes LAC+USC Medical Center as a **world class leader in Trauma Care**. Please join me in warm congratulations to Dr. Demetriades and his team and all of the supporting services that make this possible.

CCIS Relaunched

By Karen Stoffel, BSN, RN
Clinical Informaticist

Amb Care Transformation: Aiming our Future!

By Bharat Chaudry, M.D.
Associate Medical Director

Patient Centered. Team Based. Patient Experience. Destination Centers of Excellence. Cost Effective Care. Increased Access. Seamless Coordinated Care. Increased Capacity. A few important phrases to live by that will ensure we are the patient's first CHOICE of care *At The Center!*

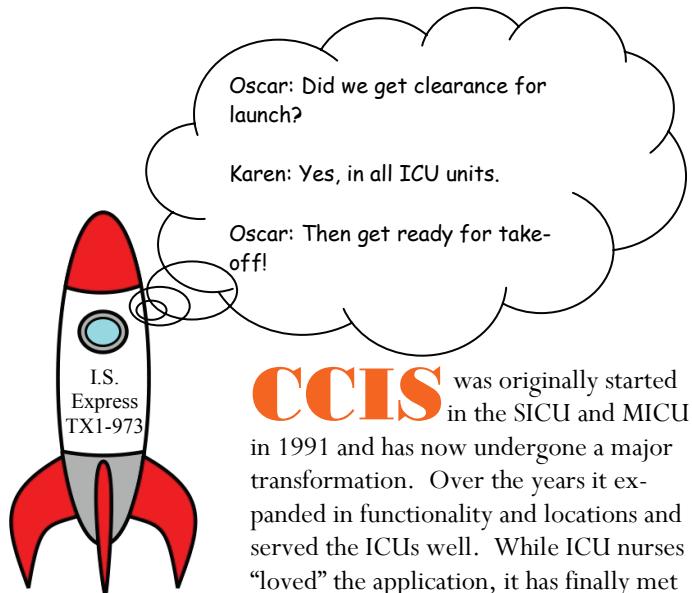
The Supreme Court's decision to uphold the Affordable Care Act means a lot more care will be needed for our community with this expansion of Medicaid. Nevertheless, LAC+USC Medical Center is getting READY for the changes required in our health system, we are AIMING to be the first choice of care for our patients and FIRED up with the innovative ideas we are getting from staff to re-invigorate our ambulatory care network to meet this need.

We are revamping our ambulatory care system with the creation of the LAC+USC Ambulatory Care Clinical Council in May 2012. The vision of the Council is to be one of the most efficient and effective ambulatory health care delivery systems in the nation. The values that support this vision include team based care, ensuring patient safety and rights are protected, treating patients, visitors and each other with dignity and respect and lastly, fostering innovation and seeking opportunities for improvement.

The goals established to meet those key need to our patients, community partnerships and educational sponsors include the following: developing a robust primary care system, improving the patient experience, improving the quality of care, reducing the rate of readmission by proving timely access, improving outpatient diagnostic services, embracing health technology and electronic data use, performing ongoing review and monitoring of regulatory requirements, continuous monitoring and measuring success and educating the public and staff about the new changes.

Currently, we have a few major projects underway that includes the implementation of i2i Registry to improve chronic condition outcomes, e-Consult that will allow primary care providers and specialists to exchange consultations electronically, implementation of the Medical Home Model, Specialty Service decompression to increase capacity in our clinics and meeting the milestones in the Delivery System Reform Incentive Program (DSRIP).

We are moving very fast and must be responsive in all the organizational changes required to meet the new demands of the evolving health care market. For the past 130 years, we have had a specific market share of patients that did not have a choice for their health care provider. Now, the choice will be the patient's, and we will provide the infrastructure to ensure we are that choice!



CCIS was originally started in the SICU and MICU in 1991 and has now undergone a major transformation. Over the years it expanded in functionality and locations and served the ICUs well. While ICU nurses "loved" the application, it has finally met its missions and is getting relaunched!

TEAM APPROACH- The success of this 18-month project can be attributed to the efforts by the Departments of Information Systems, Nursing Information Systems as well as subject matters experts from the other units.

"This is by far the most advanced Critical Care Information System ever implemented at a DHS Hospital. I am very proud of our Implementation Team for achieving all the critical steps needed to build our EHR. CCIS' implementation will further improve communication and care delivery for our critically ill patients" said Oscar Autelli, Chief Information Officer.

FEATURES- Complete picture of the patient's status includes all lab, microbiology and radiology results. Data from bedside monitors can be trended and summarized in comprehensive views. Outcome reporting includes ALOS, readmit rates, central, ventilator and catheter days. Safety features include drug-allergy and drug-drug interaction checking with alerts notifying the users of possible dangers.

CHALLENGES- Integrating legacy systems proved to be one of the biggest hurdles for the CCIS project. For instance, an aging pharmacy system prevented an interface which resulted in the need to alter medication workflow processes but we managed to resolve the issue.

NEXT UP- Look for a tracking board in the ICUs that will update real-time data for fall risks, restraints, pending sepsis, and many other parameters. The NICU will be moving from paper bedside documentation to the CCIS in the near future. In addition, more devices will be added that will integrate with the clinical documentation such as Intraortic Balloon and Smart Pumps.

While the care and documentation of the patient in the ICU is only a piece of the EHR puzzle, the complexity of implementing this application was a huge step in the integration of a full patient-centered EHR coming in the future.



Announcements and Upcoming Events

- *Irene Recendez, Chief Nursing Officer, retiring after 26 years of service!
- *Pediatric Clinics moving from IPT to OPD 3rd-5th Floors July 21st.
- *UADC & Adult Oncology moving to OPD August 4th.
- *Congratulations to the March of Dimes Committee that raised \$10,600 for the 2012 campaign!

Flu Vaccine Campaign

By Mariana Pacheco, R.N.

Clinical Nursing Director, Outpatient Services/Employee Health

Teri Smith, R.N., CPHQ

Quality Improvement Manager

The 2011-2012 Flu season is officially over and we recorded a 72% compliance rate for LAC+USC employees. There were several reasons given for refusal of vaccine that included fear of needles, fear of getting the flu from the vaccine, religious contraindication, allergies and medical contraindications that impacted this percentage. The 2012-2013 Flu season will start in September. Employee Health Services (EHS) will be holding on-site clinics throughout the facility for the vaccine. Be sure to stop by and get your flu shot early to protect yourself, families and our patients from the potentially devastating effects of the flu. Also, EHS will be open for walk-in flu shots from 6 am - 4 pm Monday - Friday starting mid-September, more details will follow. Be sure to join the majority and get vaccinated and stay healthy!

Sidewalk CPR Trains Almost **900!!!**

By Gracie Magana-Salas, NP, DEM
By Michelle Mendez, RN, DEM

The DEM spearheaded this successful community CPR training event with donated popcorn, snow-cones, face-painting and entertainment that kept everyone's heart thumpin' to the musical beats'!

Ticker, the American Heart Association's mascot even showed up for education and picture taking with the children!

Next year, the goal is to have 1,000 community members trained in "hands only CPR." So come out and support our efforts!

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To submit stories, please email Phillip Moore at phmoore@dhs.lacounty.gov

Editor In Chief
Phillip L. Moore III, M.P.A.

Editorial Team
Rosa Saca
Frank Toscano
Robin Young

Navy and LAC+USC Team Up to Initiate Liaison Instructor Program

By Phillip L. Moore III, MPA

Director, Clinical Affairs & Program Development

NTTC—the Navy Trauma Training Center—at LAC+USC Medical Center is Navy Medicine's Center of Excellence for training military medical providers en route to combat zones. Recently celebrating the 10th anniversary of the LAC+USC and Navy collaboration, NTTC has trained more than 2,000 military medical personnel to provide lifesaving care on the battlefield, and has contributed to the highest level of combat casualty survival in history. Every month the world-class NTTC teaching faculty mentors 24 students from around the globe – Navy doctors, nurses, and Hospital Corpsmen (advanced battlefield medical technicians) - that will go into harm's way to protect wounded Soldiers, Sailors, Airmen, and Marines.

Come out and make a difference in the future of NTCC—Where Training Saves Lives.

Integral to NTTC's decade of success has always been the incredible support it receives from LAC+USC Medical Center. **At The Center** provides an ideal training environment that exposes Navy rotators to over 25,000 trauma evaluations and 6,000 trauma admissions annually. LAC+USC's faculty physicians, nurses, and support staff oversee patient contacts and provide the clinical bridge to understanding that has proven so effective in saving lives overseas.

With the institution of the new "NTTC Liaison Instructor Program," both organizations have entered an enhanced phase of integration and teamwork. Focused on the primary areas of NTTC training – the Emergency and Operating Rooms, the Department of Anesthesia, the Trauma Intensive Care Unit (ICU), and the Burn ICU - the Liaison Instructor Program will designate 4-5 primary points of contact for each of these clinical areas. The point of contact will provide specialized training to Liaison Instructors in combat casualty care, the needs of the NTTC program and the varying training levels of NTTC rotators. LAC+USC's administration and clinical leadership plans to grant preceptorship and academic credit for those that volunteer for instructing in the program. In addition, the NTTC hopes to provide Continuing Education Units for instructors as well.

LAC+USC's physicians, nurses, and medical technicians interested in applying to become NTTC Liaison Instructors should contact the following areas. Emergency Room: Commanders Trish Hasen or Michele Huddleston, Operating Room: Lieutenant Commander Keith Ferguson, Anesthesia: Lieutenant Commander Dr. Jeb Kucik, Trauma ICU: Lieutenant Commander Dr. Peter Hammer and Burn ICU: Lieutenant Commander Lisa Snyder.